

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN

PREMIUM RATES

Effective July 1, 2006

LEGACY EMPLOYEES

(INITIALLY HIRED BEFORE 1/1/2006)

COVERAGE TYPE

	BASE (High Deductible)		SELECT	
TOTAL	EMPLOYEE	TOTAL	EMPLOYEE	TOTAL

ACTIVE*				
Employee*	\$322	\$0	\$339	\$0
Employee + Spouse	\$640	\$318	\$700	\$361
Employee + Spouse & Child(ren)**	\$808	\$486	\$868	\$529
Employee + Child**	\$406	\$84	\$466	\$127
Employee + Children**	\$533	\$211	\$593	\$254

RETIRED EMPLOYEE < 65 and NON-MEDICARE ELIGIBLE

Retiree	\$370	\$389
Retiree + Spouse (Non-Medicare)	\$736	\$804
Retiree + Spouse & Child(ren) (Non-Medicare)**	\$929	\$997
Retiree + Child**	\$466	\$516
Retiree + Children**	\$612	\$643
Retiree + Spouse (Medicare)	N/A	\$541
Retiree + Spouse & Child(ren) (One or more Medicare)**	N/A	\$668

DISABLED RETIREE < 65 and NON-MEDICARE ELIGIBLE

Retiree	\$370	\$389
Retiree + Spouse (Non-Medicare)	\$736	\$804
Retiree + Spouse & Child(ren) (Non-Medicare)**	\$929	\$997
Retiree + Child**	\$466	\$516
Retiree + Children**	\$612	\$643
Retiree + Spouse (Medicare)	N/A	\$541
Retiree + Spouse & Child(ren) (One or more Medicare)**	N/A	\$668

DISABLED RETIREE < 65 and MEDICARE ELIGIBLE

Retiree	N/A	\$152
Retiree + Spouse (Non-Medicare)	N/A	\$567
Retiree + Spouse & Child(ren) (Non-Medicare)**	N/A	\$760
Retiree + Child**	N/A	\$279
Retiree + Children**	N/A	\$406
Retiree + Spouse (Medicare)	N/A	\$304
Retiree + Spouse & Child(ren) (One or more Medicare)**	N/A	\$431

RETIRED EMPLOYEE > or = 65 and MEDICARE ELIGIBLE

Retiree	N/A	\$152
Retiree + Spouse (Non-Medicare)	N/A	\$567
Retiree + Spouse & Child(ren) (Non-Medicare)**	N/A	\$760
Retiree + Child**	N/A	\$279
Retiree + Children**	N/A	\$406
Retiree + Spouse (Medicare)	N/A	\$304
Retiree + Spouse & Child(ren) (One or more Medicare)**	N/A	\$431

RETIRED NON-MEDICARE MARRIED TO ACTIVE

Retiree	\$344	\$361
Retiree + Child**	\$428	\$488
Retiree + Children**	\$555	\$615

* The State pays 100% of the Legacy employee's premium for Base (\$322) or Select (\$339) coverage.

**If you elect High Option Coverage for your child or children, your premium is an additional \$20 per month.

STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN PREMIUM RATES

Effective July 1, 2006

HORIZON EMPLOYEES

(INITIALLY HIRED ON OR AFTER 1/1/2006)

COVERAGE TYPE

BASE (High Deductible)

SELECT

TOTAL EMPLOYEE TOTAL EMPLOYEE

ACTIVE*				
Employee*	\$322	\$0	\$339	\$17
Employee + Spouse	\$640	\$318	\$700	\$378
Employee + Spouse & Child(ren)**	\$808	\$486	\$868	\$546
Employee + Child**	\$406	\$84	\$466	\$144
Employee + Children**	\$533	\$211	\$593	\$271

RETIRED EMPLOYEE < 65 and NON-MEDICARE ELIGIBLE				
Retiree		\$540		\$559
Retiree + Spouse (Non-Medicare)		\$1,076		\$1,144
Retiree + Spouse & Child(ren) (Non-Medicare)**		\$1,203		\$1,271
Retiree + Child**		\$618		\$686
Retiree + Children**		\$745		\$813
Retiree + Spouse (Medicare)		N/A		\$711
Retiree + Spouse & Child(ren) (One or more Medicare)**		N/A		\$838

DISABLED RETIREE < 65 and NON-MEDICARE ELIGIBLE				
Retiree		\$540		\$559
Retiree + Spouse (Non-Medicare)		\$1,076		\$1,144
Retiree + Spouse & Child(ren) (Non-Medicare)**		\$1,203		\$1,271
Retiree + Child**		\$618		\$686
Retiree + Children**		\$745		\$813
Retiree + Spouse (Medicare)		N/A		\$711
Retiree + Spouse & Child(ren) (One or more Medicare)**		N/A		\$838

DISABLED RETIREE < 65 and MEDICARE ELIGIBLE				
Retiree		N/A		\$152
Retiree + Spouse (Non-Medicare)		N/A		\$737
Retiree + Spouse & Child(ren) (Non-Medicare)**		N/A		\$864
Retiree + Child**		N/A		\$279
Retiree + Children**		N/A		\$406
Retiree + Spouse (Medicare)		N/A		\$304
Retiree + Spouse & Child(ren) (One or more Medicare)**		N/A		\$431

RETIRED EMPLOYEE > or = 65 and MEDICARE ELIGIBLE				
Retiree		N/A		\$152
Retiree + Spouse (Non-Medicare)		N/A		\$737
Retiree + Spouse & Child(ren) (Non-Medicare)**		N/A		\$864
Retiree + Child**		N/A		\$279
Retiree + Children**		N/A		\$406
Retiree + Spouse (Medicare)		N/A		\$304
Retiree + Spouse & Child(ren) (One or more Medicare)**		N/A		\$431

RETIRED NON-MEDICARE MARRIED TO ACTIVE				
Retiree		\$344		\$361
Retiree + Child**		\$428		\$488
Retiree + Children**		\$555		\$615

* The State pays 100% (\$322) of the Horizon employee's premium for Base coverage. For Select coverage, the State pays \$322 of the Horizon employee's total (\$339) premium

**If you elect High Option Coverage for your child or children, your premium is an additional \$20 per month.

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COBRA ENROLLEES

(Legacy and Horizon)

COVERAGE TYPE

BASE (High Deductible)

SELECT

COBRA

Participant	\$328	\$345
Participant + Spouse	\$652	\$714
Participant + Spouse & Child(ren)	\$824	\$885
Participant + Child	\$414	\$475
Participant + Children	\$543	\$604
Participant + High Option	\$348	\$366
Participant + Spouse & Child(ren) + High Option	\$844	\$905
Participant + Child + High Option	\$434	\$495
Participant + Children + High Option	\$564	\$625

COBRA DISABILITY EXTENSION

Participant	\$483	\$508
Participant + Spouse	\$960	\$1,050
Participant + Spouse & Child(ren)	\$1,212	\$1,302
Participant + Child	\$609	\$699
Participant + Children	\$799	\$889
Participant + High Option	\$513	\$538
Participant + Spouse & Child(ren) + High Option	\$1,242	\$1,332
Participant + Child + High Option	\$639	\$729
Participant + Children + High Option	\$829	\$919